## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

09939446

| (Column 1) (Column 2)            |   |   |                    |                                     |              |                     |        | SMALL ENTITY TYPE  |                        |                | OTHER THAN OR SMALL ENTITY |                        |  |
|----------------------------------|---|---|--------------------|-------------------------------------|--------------|---------------------|--------|--------------------|------------------------|----------------|----------------------------|------------------------|--|
| TOTAL CLAIMS                     |   |   | Toolaini.          |                                     | COID         |                     | ,<br>  |                    |                        | OR<br><b>1</b> |                            |                        |  |
|                                  |   |   |                    |                                     |              |                     | -      | RATE               | FEE                    |                | RATE                       | FEE                    |  |
| FOR                              |   |   | NUMBER FILED       |                                     | NUMBI        | ER EXTRA            |        | BASIC FEE          | <b>38</b> 5.00         | OR             | BASIC FEE                  | 7 <b>70,</b> 00        |  |
| TOTAL CHARGEABLE CLAIMS          |   |   | minus 20=          |                                     | *            |                     |        | X\$ 9=             |                        | OR             | X\$18=                     |                        |  |
|                                  | EPENDENT C  |   | minus 3 =          |                                     | *            |                     | ſ      | X4: <b>3</b> =     |                        | OR             | X8 <b>b</b>                |                        |  |
| MULTIPLE DEPENDENT CLAIM PRESENT |   |   |                    |                                     |              |                     |        | +145               |                        | OR             | +240=                      |                        |  |
| * If                             | the difference  | in column 1 is                            | less than ze       | ss than zero, enter "0" in column 2 |              |                     | L      | TOTAL              |                        | OR             | TOTAL                      |                        |  |
| CLAIMS AS AMENDED - PART II      |   |   |                    |                                     |              |                     |        |                    |                        | •              | OTHER                      | THAN                   |  |
|                                  | (Column 1) (Column 2) (Column 3)  |   |                    |                                     |              |                     |        | SMALL E            | ENTITY                 | OR             | SMALL                      |                        |  |
| AMENDMENT A                      |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                    | HIGHI<br>NUME<br>PREVIO<br>PAID F   | BER<br>JUSLY | PRESENT<br>EXTRA    |        | RATE               | ADDI-<br>TIONAL<br>FEE |                | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|                                  | Total   | * 3                                       | Minus              | ** 2                                | 20           | =                   |        | X\$ 9=             |                        | OR             | X\$18=                     |                        |  |
|                                  | Independent   | * 人                                       | Minus              | ***                                 | 3            | =                   |        | X43=               |                        | OR             | X8 <i>b</i> =              |                        |  |
| <u> </u>                         | FIRST PRESE   | INTATION OF MI                            | JETTPLE DEP        | ENDENT                              | CLAIM        |                     | Γ      | +145=              |                        | OR             | +24/0=                     |                        |  |
|                                  |   |   |                    |                                     |              |                     |        | TOTAL              |                        | OR             | TOTAL                      |                        |  |
| (Column 1) (Column 2) (Column 3) |   |   |                    |                                     |              |                     |        | DDIT. FEE <b>t</b> |                        |                | addit. Fee                 |                        |  |
|                                  |   | CLAIMS                                    |                    | HIGH                                | EST          |                     | Г      | I                  | ADDI-                  |                |                            | ADDI-                  |  |
| AMENDMENT B                      | and the second  | , REMAINING<br>AFTER<br>- AMENDMENT       |                    | PREVIO<br>PAID F                    | USLY         | PRESENT<br>EXTRA    |        | RATE               | TIONAL<br>FEE          |                | RATE                       | TIONAL<br>FEE          |  |
|                                  | Total   | *   | Minus              | ** .                                |              | =                   |        | X\$ 9=             |                        | OR             | X\$18=                     |                        |  |
| ME                               | Independent   | *   | Minus              | ***                                 |              | =                   |        | X43 =              |                        | 0.0            | X8 <b>/</b>                |                        |  |
|                                  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                    |                                     |              |                     |        | 79                 |                        | OR             |                            |                        |  |
|                                  | •   |   |                    |                                     | :            |                     |        | +145               |                        | OR             | +29:0=                     |                        |  |
|                                  |   |   |                    |                                     |              |                     |        | TOTAL<br>DDIT. FEE |                        | OR             | TOTAL<br>ADDIT, FEE        |                        |  |
| (Column 1) (Column 2) (Column 3) |   |   |                    |                                     |              |                     |        |                    |                        |                |                            |                        |  |
| AMENDMENT C                      |   | CLAIMS<br>REMAINING                       |                    | HIGHE                               | EST:         |                     | Г      |                    | A.DDI-                 |                |                            | ADDI-                  |  |
|                                  |   | AFTER<br>AMENDMENT                        |                    | PREVIO                              | USLY         | FRESENT<br>EXTRA    |        | RATE               | TIONAL<br>FEE          | 1              | RATE                       | TIONAL<br>FEE          |  |
|                                  | Total   | *   | Minus              | **                                  |              | =                   | -      | X\$ 9=             |                        | OR             | X\$18=                     | ·                      |  |
| ME                               | Independent   | *   | Minus              | ***                                 | *            | =                   | -      | X43=               |                        |                | X86=                       |                        |  |
|                                  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                    |                                     |              |                     |        | +145:              |                        | OR             |                            |                        |  |
|                                  | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |   |                    |                                     |              |                     |        |                    |                        | OR             | +29)=                      |                        |  |
| -                                | if the entry in colu<br>If the "Highest Nu<br>If the "Highest Nu                      | - A                                       | TOTAL<br>DOIT. FEE |                                     | OR           | TOTAL<br>ADDIT, FEE |        |                    |                        |                |                            |                        |  |
|                                  | The "Highest Num  | ber Previously Pai                        | d For" (Total or   | Independe                           | ent) is the  | highest numbe       | r four | nd in the app      | propriate bo           | x in co        | luma 1.                    |                        |  |